



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 6-14-04


Jeffrey R. Kuester

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JUN 1 8 2004

Technology Center 2100

In Re Application of:

Korperda, *et al.*

Group Art Unit: 2142

Serial No.: 09/588,211

Examiner: Cardone, Jason

Filed: June 6, 2000

Docket No.: A-6553 (191910-1061)

For: SYSTEM AND METHOD FOR PROVIDING STATISTICS FOR FLEXIBLE BILLING IN A CABLE ENVIRONMENT

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
Fourth Response with Amendmetns and Remarks

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Koperda, et al.

Docket No.

A-6553 - (191910-1061)

Serial No.
09/588,211Filing Date
June 6, 2000Examiner
Jason D. CardoneConfirmation No.
9999Group Art Unit
2142Invention: **SYSTEM AND METHOD FOR PROVIDING STATISTICS FOR FLEXIBLE BILLING IN A CABLE ENVIRONMENT**Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria VA 22313-1450**RECEIVED**

JUN 18 2004

Technology Center 2100

Transmitted herewith is Fourth Response with Amendments and Remarks in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	-28 =	0	X \$18.00	\$0
INDEP. CLAIMS	1 -	-5 =	0	X \$86.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 110.00	2 ND MONTH <input type="checkbox"/> 420.00	3 RD MONTH <input type="checkbox"/> 950.00	4 TH MONTH <input type="checkbox"/> 1,480.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Jeffrey R. Kuester, Reg. No. 34,3676-14-04
Date